

Charles A. Bon
Paralegal Specialist

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 10-875)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

BEST AVAILABLE COPY

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2				1			52						
3					1		53						
4		3		3			54						
5		1		1			55						
6		1		1			56						
7		1		1			57						
8		1		1			58						
9		1		1			59						
10	1		1				60						
11	1		1				61						
12		1		1			62						
13		1		1			63						
14		1		1			64						
15		5	1	8			65						
16		5	1	8			66						
17		1		1			67						
18		1		1			68						
19		1		1			69						
20		1		1			70						
21	1		1				71						
22	1		1				72						
23		2		2			73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		7				TOTAL IND.						
TOTAL DEP.	29		19				TOTAL DEP.						
TOTAL CLAIMS	34		26				TOTAL CLAIMS						